-	m 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee					2014		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (057(b) and 6058(a) of the de).	Internal	This F	Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I		Identification Information		10	124/201				
For calenua	ar plan year 2014 or its	scal plan year beginning 01/01/20 X a single-employer plan		H	/ <u>31/2014</u> (Filers c		y muct attach a list		
A This ret	urn/report is for:	a one-participant plan		plan (not multiemployer) (oyer information in accord		-			
B This retu	urn/report is	the first return/report	the final return/report						
	· •	an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check b	box if filing under:	X Form 5558	automatic extension		[DFVC progra	am		
	-	special extension (enter descrip	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	•					Three-digit			
BASSINI & C	CO., LLC 401(K) PLAN	l				plan number (PN) ►	002		
					· · · · ·	Effective date o	f plan //1996		
2a Plan sp	ponsor's name and add	dress; include room or suite number	r (employer, if for a single	e-employer plan)		Employer Identi	fication Number		
BASSINI & C	0., LLC					EIN) 13-38 Sponsor's telep	356246		
	NAVENUE, SUITE 50)3				212-21	8-3900		
NEW YORK,	NY 10016				2d ∃	2d Business code (see instructions) 523120			
3a Plan a	dministrator's name an	nd address XSame as Plan Sponso	or.		3b A	Administrator's			
							telephone number		
name,	, EIN, and the plan nun	e plan sponsor has changed since the mber from the last return/report.	he last return/report filed	for this plan, enter the	4b E				
- <u>-</u> ·	or's name	at the beginning of the plan year			4c ⊮ 5a		40		
		at the end of the plan year			5a 5b		16 15		
		account balances as of the end of th			50 50				
•	,	rticipants at the beginning of the pla			5d(1		15		
. ,		rticipants at the end of the plan year	-		5d(1	,	3		
e Numbe	r of participants that te	erminated employment during the pla	an year with accrued ber	nefits that were	5u(2	-	0		
Iess than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is									
Under pena SB or Sche	alties of perjury and oth	her penalties set forth in the instruct nd signed by an enrolled actuary, as	tions, I declare that I have	e examined this return/rep	port, inc	luding, if applic	able, a Schedule vknowledge and		
SIGN		valid electronic signature.	10/14/2015	EMILIO BASSINI					
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual sign	iing as plan adr	ninistrator		
SIGN									
HERE		mployer/plan sponsor Date Enter name of indivi							
Preparer's	name (including firm na	ame, if applicable) and address (inc	lude room or suite numb	er) (optional)	Prepa	rer's telephone	number (optional)		

-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No						
~	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	
	t III Financial Information	isurance p	orogram (see ERISA section 40	121)?		res	No Not determined
Га 7			(a) Paginning of Vag				(b) End of Year
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning of Yea 14827				(b) End of Year 1541241
	Total plan assets	7a 7b	14021	0			0
	Total plan liabilities	70 70	14827	-			1541241
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)	81	66			
	(2) Participants	8a(2)	250	000			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	960	90			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					129256
d	Benefits paid (including direct rollovers and insurance premiums		690	051			
	to provide benefits)	8d	000	51			
	Certain deemed and/or corrective distributions (see instructions)	8e	16	680			
	Administrative service providers (salaries, fees, commissions)	8f	TC .	000			
<u> </u>	Other expenses	8g					70704
-	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 7073						
÷	Net income (loss) (subtract line 8h from line 8c)						
	Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D						
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Par	V Compliance Questions						
10	0 During the plan year: Yes No Amount						Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	x		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e × 7121 						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						
— <u> </u>	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
	2520.101-3.)					Х	
i 	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as applic	able)				

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	artment of the Treasury	Short Form Annual Return/Report of Small Employee Benefit Plan							
Inte	ernal Revenue Service	This form is required to be file	Retirement	2014					
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974	e Internal	This Form is Open to					
Pension	Pension Benefit Guaranty Corporation ➤ Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Part I Annual Report Identification Information Public Inspection Public Inspection								
	dar plan year 2014 or fisc	al plan year beginning	01/01/2014	and ending	12/	31/2014			
		X a single-employer plan	-			or this box must attach a list			
	eturn/report is for: urn/report is	a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	oyer information in acco	dance with the	e form instructions)			
C Check	box if filing under:	X Form 5558 automatic extension DFVC program I special extension (enter description) DFVC program							
Part II	Basic Plan Infor	mation—enter all requested in	formation						
1a Name	ofplan		Ionnation		1b Three-	-digit			
Bassin	i & Co., LLC 40	01(k) Plan			plan n	umber			
					(PN)	ve date of plan			
20. 01						1/1996			
Za Plans Bassin	i & Co., LLC	ess; include room or suite numb	er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 13-3856246				
100.00		10			2c Sponsor's telephone number (212) 218-3900				
	dison Avenue, S	Suite 503				ess code (see instructions)			
New Yo		address XSame as Plan Spons	NY	10016	523120 3b Administrator's EIN				
4 If the	name and/or EIN of the p	lan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
	, Elly, and the plan hump isor's name	er from the last return/report.			4c PN				
5a Total	number of participants at	the beginning of the plan year			5a	No. of Street, Str			
b Total	number of participants at	the end of the plan year			5b	16			
C Numb	er of participants with ac	count balances as of the end of t	the plan year (defined bene	fit plans do not	5c	15			
d(1) Tot	al number of active partic	ipants at the beginning of the pla	an year		5d(1)	15			
d(2) Tot	al number of active partic	cipants at the end of the plan yea	ar		5d(2)	3			
e Numbe	er of participants that term	ninated employment during the p	lan year with accrued here	fits that were	56(2) 5e	3			
Caution: 0	an 100% vested	, ,				0			
SB or Sche belief, it is	alles of periury and othe	incomplete filing of this return penalties set forth in the instruct signed by an enrolled actuary, a te.	tione I declare that I have	avaminad this return lus	and the second second second second				
SIGN	hi	1 mi		Emilio Bassin	i				
	Signature of plan adn	ninistrator	Date 10/19/10/	Enter name of individ	ual signing as	plan administrator			
SIGN HERE									
Preparer's	Signature of employe name (including firm nam	r/plan sponsor ne, if applicable) and address (in	Date Clude room or suite numbe	Enter name of individ r) (optional)	ual signing as Preparer's te	employer or plan sponsor elephone number (optional)			
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the	instructions for Form FEOD	SE	100 200 A				
				5r.		Form 5500-SF (2014) v. 140124			

	Form 5500-SF 2014		Page Z		-					
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC ir	an independe and condition ot use Form	ent qualified public accounta ns.) I 5500-SF and must instea d	nt (IQ d <mark>use</mark>	PA) Form	5500.		X Yes	5 🗌 N	
Par	t III Financial Information									_
and a	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End c	of Vear		-
a	Total plan assets	7a	1,482		6		bj Elia d		41,24	1
b	Total plan liabilities	7b	1,102		0				11/21	-
	Net plan assets (subtract line 7b from line 7a)	7c	1,482	2.71	6			1.5	41,24	1
100	Income, Expenses, and Transfers for this Plan Year	Section 1	(a) Amount		Ť		(b) To		11/21	-
а	Contributions received or receivable from:				e ki		(
	(1) Employers	8a(1)		3,16	1.5 1.0					_
	(2) Participants	8a(2)	25	5,00	0					
	(3) Others (including rollovers)	8a(3)			-					
	Other income (loss)	8b	96	5,09	0					_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			010			1	29,25	6
~	to provide benefits)	8d	69	9,05	1					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1	, 68	0					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							70,73	1
and the second se	Net income (loss) (subtract line 8h from line 8c)	8i							58,52	5
J	Transfers to (from) the plan (see instructions)	8j								
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructio	ons:		
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t uciary Correc	he time period described in tion Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		x				
С	North State Stat			10c	Х			1.0	00,00	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				_
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons b of the benefi	by an insurance carrier, ts under the plan? (See	10e	X				7,12	21
f	Has the plan failed to provide any benefit when due under the pla			10f		X				_
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1)	10g		1.1.1				-
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions and 29 CFR	10g		X		1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 -		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required r	otice or one of the	101		X				
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)	nents? (If "Ye	s," see instructions and com	plete	Sched	ule SB (F	Form	Ves		0
11a	Enter the unpaid minimum required contribution for current year fr		the second se	the second s		11a			K-21	
12	Is this a defined contribution plan subject to the minimum funding				and the second sec	302 of EF	RISA?	Yes	X No	,
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	, as applicab	le.)							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instruction		, and e	enter the		ne letter r	uling	

Form 5500-SF 2014	Page 3 -			
If you completed line 12a, complete lines 3, 9, and 10 of	f Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan ye	ar	12b		
c Enter the amount contributed by the employer to the pla	an for this plan year	12c	T	
d Subtract the amount in line 12c from the amount in line negative amount).	12b. Enter the result (enter a minus sign to the left of	a 12d		
e Will the minimum funding amount reported on line 12d b			Yes	No N/A
Part VII Plan Terminations and Transfers of A			<u> </u>	
13a Has a resolution to terminate the plan been adopted in an	y plan year?		Yes X	No
If "Yes," enter the amount of any plan assets that revert				
b Were all the plan assets distributed to participants or be of the PBGC?	neficiaries, transferred to another plan, or brought un	der the control		Yes 📈 No
C If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct)	nsferred from this plan to another plan(s), identify the	plan(s) to		
13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				

14a Name of trust	14b Trust's EIN